

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10 / 518193

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13	1					
14		1				
15	1					
16		1				
17	1					
18		1				
19	1					
20		1				
21	1					
22	1					
23		1				
24	1					
25	2					
26		1				
27	1					
28		1				
29		1				
30	1					
31		1				
32	1					
33		1				
34	1					
35		1				
36	1					
37		1				
38	1					
39		1				
40	1					
41		1				
42	1					
43		1				
44	1					
45		1				
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
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67		1				
68		1				
69		1				
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71		1				
72		1				
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74		1				
75		1				
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79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		3	↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	72	████████		████████		████████